L23000090900

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COVER LETTER

	on of Cor						
SUBJECT: Ar	ntiques M	Byond, LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed Ai	rticles of a	Amendment and fee(s) are sub	omitted for filing.				
Please return all	l correspo	ndence concerning this matter	to the following:				
		Kevin Drummond, Esq					
			Name of Person	•			
		Blue Line Law Firm, PLL	С				
Firm/Company							
		1645 Palm Beach Lakes B	Ivd, Suite 1200				
			Address				
		West Palm Beach, FL		OZ3 A	5:-1		
		intake@tblff.com	City/State and Zip Code	2023 AUG 22 Segretary Taplongo	Systems Systems Sizes		
		E-mail address: (to be used for future annual report notification)	(A) >	=====		
For further infor	rmation co	oncerning this matter, please c	all:	AM 10: 4.1			
Amy T. Fiorenz	za		517 366-4199 Ext 1004	Find E			
	Name of	l Person	at () Area Code Daytime Telephone Number				
Enclosed is a ch	neck for th	e following amount:					
■ \$25.00 Filin	ng Fee						
Regis Divis	og Addres stration S ion of C Box 632	Section orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Antiques MBeyond, LLC		33 45
	ity Company as it now appears on our records. a Limited Liability Company)	22 T
The Articles of Organization for this Limited Liability (Company were filed on 07/5/2023	and assigned
Florida document number L23000090900	<u></u> .	TIC O
This amendment is submitted to amend the following:		一一一
A. If amending name, enter the new name of the lim	nited liability company here:	
Antiques MByond, "Limited Liability Company"		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registere	ed office address on our records, <u>enter th</u>	ie name of the new registered
agent and/or the new registered office address here:		
Name a CNow Businessed Asserts		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zip Code
	•	The state of the s

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Remove
			□Change
			□Remove
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ffective date, if other than the date of an effective date is listed, the date must be speciote: If the date inserted in this block does occurrent's effective date on the Department.	s not meet the ap	plicable statuto	ing or more than 90 ry filing requires	(optional) days after filing.) Penents, this date wil	rsuant to 605.0207 (I not be listed as t
record specifies a delayed effective date, t I is filed.	out not an effecti	ve time, at 12:0	1 a.m. on the ear	lier of: (b) The 9	Ith day after the
August 22	2023				
	V	Wai	<u> </u>		
Signatu	re of a member or	authorized repres	entative of a mem	our	

Filing Fee: \$25.00